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APPLICANTS

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**** FOREIGN APPLICATIONS *******

SWEDEN 0300435-5 02/18/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		SWEDEN	7	22	4
Verified and Acknowledged	Examiner's Signature _____	Initials _____				

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TITLE

Signal Transmission Management System

FILING FEE RECEIVED 665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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